

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Douglas
 Township Clay
 City (No.)

Registration District No. 287
 Primary Registration District No. 5405

File No. 5748
 Registered No. 3
 St. Ward

2. FULL NAME

(a) Residence, No. Sarah E Waller St. Ward
 (Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard Waller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19 - 1851
 7. AGE YEARS 85 MONTHS 5 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME Biggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W.C.

15. MAIDEN NAME Martha Biggs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W.C.

17. INFORMANT Roy Linkle (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE 2-2 1937

19. UNDERTAKER Leitch Service (ADDRESS) Richards

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1, 19 37

22. I HEREBY CERTIFY, that I attended deceased from Jan 20 to Feb 1, 19 37

I last saw him alive on Jan 1, 19 37. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Influenza Date of onset 1-15
Pneumonia 1-24

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify E. D. Cape

(Signed) W. H. D.
 (Address) Waverly

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